State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

Department of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **83316873**

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS
Rockwell International
Rocketdyne Division
6633 Canoga Ave., Canoga Park, CA 91304
AREA CODE/PHONE NUMBER 213-710-2677

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CAD800090010 0000

TRANSPORTER NO. 1
J-CHI TRANSPORTATION
P.O BOX 912 (213) 920-7709
LYNWOOD CA.

VEH./CONTAINER NO. 00052529
EPA ID NUMBER CAX000049825

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
Disposal Control Service, Inc.
dba Liquid Waste Management
1369 W. 9th St.
Upland, CA 91786

V.EH./CONTAINER NO.
EPA ID NUMBER CAT08003418

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
Chemical Waste Management
Kettleman Hills Facility
35251 Skyline Road, Kettleman City, CA 93239
AREA CODE/PHONE NUMBER 209-935-2043

EPA ID NUMBER CAT00064611

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT. NO.	DISP MET
Hazardous Waste Solid NOS/ORM-E	NA ~~1901~~ 9189	13	Y	001	DT	611	0

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Soil Contaminated With Trichloroethlylene 140.107 Parts Per Billion				

SPECIAL HANDLING INSTRUCTIONS
LAXD 80956

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

George T. PAPPAS George T Pappas CONSTR. COORDINATOR
Printed or typed full name and signature

MO. 09 DAY 06 YR. 84

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
STEVE HOYT
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. 09 DAY 06 YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TSDF

DISCREPANCY INDICATION SPACE
TSDF phone 209 386-9711
NA 9189

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Carol McKenzie Carol McKenzie
Printed or typed full name and signature

EPA ID NUMBER CAT000646117

DATE RECEIVED & ACCEPTED MO. 09 DAY 07 YR. 84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS